U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1400	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Victor A Santiago	Name Teamsters Local Union 404
	Labor Organization File Number 022-573
P.O. Box, Bldg., Room No., if any P.O. Box 1370	P.O. Box, Building and Rcom Number, if any
Street 115 Progress Ave.	Street 115 Progress Ave.
City Springfield	City Springfield
State Massachusetts ZIP Code + 4 01101	State Massachusetts ZIP Code + 4 01104
Position in labor organization. Executive Board Member	Later Specific Control
(except as specified in the ex) Held an interest in, engaged in transactions (including loans) with,	spouse or minor child directly or indirectly had any of the following interests (clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent.
(except as specified in the example of the learning of the lea	or derived income or other economic benefit of
(except as specified in the entire to the control of the control o	or derived income or other economic benefit of ation represents or is actively seeking to represent.
(except as specified in the entire to the control of the control o	or derived income or other economic benefit of ation represents or is actively seeking to represent.
(except as specified in the entire to the control of the control o	or derived income or other economic benefit of ation represents or is actively seeking to represent.
(except as specified in the entered in the entered in the entered in interest in, engaged in transactions (including loans) with, conetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	or derived income or other economic benefit of ation represents or is actively seeking to represent.
(except as specified in the except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, conctary value from an employer whose employees your organizer. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
(except as specified in the exp. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organizer. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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(except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, one tary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name Frade Name, if any: P.O. Box, Bldg., Room No., if any Street City I ZIP Code + 4	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
(except as specified in the except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, conetary value from an employer whose employees your organiz. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Arnount. ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the
(except as specified in the except as specified in the except as specified in the except an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize. So Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 S 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Arnount. ignature of Perjury and other applicable panalities of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Victor Santiago		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Teamsters Local 404 H.S.I.P.				
Trade Name, if any:	X, a. Labor Organiza	ition		
P.O. Box, Bldg., Room No., if any P.O. Box 1370	c. Employer			
Street 115 Progress Ave.				
City Springfield				
State Massachusetts ZIP Code + 4 01101				
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such deali			
Name	Provide Health and Local's members.	weilare Beneill	to the	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar valu	ue of such dealing.	\$3,000,000	
City	12.a. Nature of interest hel	d or income received.	The state of the s	
State ZIP Code + 4	Reimbursement of e of Trustees meetin 04/16/2005-04/23/2	ng of the Tri Stat		
			- 10.100.100.10	
	12.b. Amount.		\$3,456	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	· management and on a second		
Name				
Trade Name, if any:	ent account visit			
P.O. Box, Bldg., Room No., if any	was consocional and			
Street	We accompanied to the second s		1	
City	ar) mandaman			
State ZIP Code + 4		To contrate character to the contrate of the c	No. Nation of As a distribution of	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	•		
or consumit []				

Name of Person Filing Victor Santiago	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Teamsters Local 404 H.S.1.P.				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any P.O. Box 1370	b. Trust			
Street 115 Progress Ave.	1.3			
City Springfield				
State Massachusetts ZIP Code + 4 01.101				
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name (Provide Health and Welfare Benefits to the Local's members.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	44 h Approximate dellar value of evah dealing			
City	11.b. Approximate dollar value of such dealing. \$3,000,000 12.a. Nature of interest held or income received.			
State ZIP Code + 4	Reimbursement of expenses incurred attending a Board of Trustees meeting of the Tri State Joint Fund ON 06/02/2005			
	Law the second of the second o			
	12.b. Amount. \$54,			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name ;				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	3			
City				
State ZIP Code + 4				
	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant?				

Name of Person Filing Victor Santiago	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vali substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Teamsters Local 404 H.S.I.P.		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any P.O. Box 1370	b. Trust	
Street 115 Progress Ave.	c. Employer	
City Springfield		
State Massachusetts ZIP Code + 4 01101		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Provide Health and Welfare Benefits to the Local's members.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	Photographic or graph minimized property of the first and	
City	11.b. Approximate dollar value of such dealing. \$3,000,000	
State ZIP Code + 4	Reimbursement of expenses incurred attending a Board of Trustees meeting of the Tri State Joint Fund from 10/18/2005-10/21/2005	
	12.b. Amount. \$1,013	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	